Charter Oak Health Center
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Legislative Program Review and Investigation Committee
Scope of Study: Hospital Emergency Department use and Its Impact on the State Medicaid Budget

Areas of Analysis

1. Examine ED utilization by: hospital; payer source; reason for visit; presenting symptoms and diagnosis; and whether the visit resulted in a discharge or an inpatient admission, with a special focus on clients covered under Medicaid.

   - 701 referrals since March 1, 2013
     - 388 seen in the ED referred from urgent care at COHC
     - 91 admitted as inpatient
   - Continue to work with acute care facilities to see how to examine data.
   - Referrals from case coordination department
   - URGENT CARE PAYOR DEMOGRAPHICS

Insurance	Visits	Total%
Commercial	365	7.4%
Medicaid	2448	49.4%
Medicare	326	6.6%
Self Pay	1820	36.7%
Grand Total	4959	

2. Provide a demographic profile of individuals who are using ED services.

   - 288 aged greater than 70 years
   - 413 less than 70 years

URGENT CARE VISITS DEMOGRAPHICS BY RACE AND ETHNICITY

- Race

Asian	234
Native Hawaiian	0
Other Pacific Islander	31
Black	577
White	1950
Amer. Indian	119
Unreported	583
Total Patients	3494

Ethnicity

Hispanic	2198
Non-Hispanic	1296
Total Patients	3494

3. Review the types of medical services sought and provided in EDs, including those related to substance use disorders and other behavioral health issues.

- Behavioral Health referrals to the Emergency department average 1-2 per month.
- Current clients contact their clinician first.
- Pain control with controlled substances

4. Identify the ED services provided that were medically determined to be of a non-emergency nature.

- Headaches, wound checks, malaise, musculoskeletal pain
- Of the patients we know that are non urgent, 297 were discharged and not admitted.

5. Examine the costs for ED services over the past few years, including costs for Medicaid clients compared to those of other payers.

Unknown

6. Identify individuals who frequently visit the ED and determine, what, if any, payer sources exists for them; and what factors may be contributing to them seeking medical services at the ED.

- At least 388 were referred for acute issues.
  What is unknown are the patients that visit the Emergency Department without self identifying where they receive care, no notification of Charter Oak Health Center or their provider.
- Possible visits to ED for health maintenance knowing all tests will be done.

7. Describe the process used by hospitals to qualify uninsured individuals in the ED for Medicaid, if eligible.

- Referrals to social services /case management for eligibility

8. Determine the programs in place to divert people from EDs, the access Medicaid clients have to those programs, and whether there are barriers to access.

- Open access to insure that patients can be seen on the same day or within 24 hours for a requested appt.
- Practice Care Teams for patients to get increased continuity of care and better follow up.
- Provide education to patients and families for when a visit to the ED is appropriate.
- Awareness of patients PCP plan and established relationship with acute care facilities to better manage patient's care.

9. Compare ED use in Connecticut by payer source with that in other states.

Unknown

10. Examine the mechanisms in place to oversee and manage ED utilization for Medicaid clients, including programs for individuals with behavioral health and/or substance use disorder, and identify successful efforts in other states.

- Established relationship with Suboxone clinic to refer patients to avoid ED visits.
- Increased Behavioral Health Providers
- New hire of substance abuse provider

11. Identify any anticipated changes that may impact ED utilization as a result of the federal Patient Protection and Affordable Care Act.

- The ACA aims to increase the quality and affordability of health insurance, lower the uninsured rate by expanding public and private insurance coverage, and reduce the costs of health care for individuals and the government. It provides a number of mechanisms—including mandates, subsidies, and insurance exchanges—to increase coverage and affordability. The law also requires insurance companies to cover all applicants within new minimum standards and offer the same rates regardless of pre-existing conditions or sex. Additional reforms aim to reduce costs and improve healthcare outcomes by shifting the system towards quality over quantity through increased competition, regulation, and incentives to streamline the delivery of health care. The Congressional Budget Office projected that the ACA will lower both future deficits and Medicare spending.

- Appropriate patient education for utilization for Primary Care appointments versus ED visits.
- The impact on the ED utilization will be dependent on the FQHC readiness to accept more federally insured patients.
- Coverage for outpatient testing (laboratory/radiology)
- Increased prescription coverage
- Increased home care coverages.
- Increased availability of subspecialist appointments.

Speakers:
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